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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **717353**

1. Corporation Name
CITA, INC.

Principal Place of Business
**2330 JOHNNY ELLISON DR
 MELBOURNE FL 32901-5553
 US**

Mailing Address
**P O BOX 2185
 MELBOURNE FL 32902-185
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 233 Johnny Ellison Dr		26 P.O. Box 2185		10/14/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 NA		27 NA		59-1273570	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Melbourne, FL		28 Melbourne, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		9. Name and Address of Current Registered Agent	
24 32901-5553 U.S.		29 32902-2185 U.S.		10. Name and Address of New Registered Agent	
ELLISON, DANIEL G 736 BALLARD DR MELBOURNE FL 32935				81 Name NA	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Daniel G. Ellison* **Daniel G. Ellison** DATE **1-6-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUINN, WAYNE	1.2 NAME	
STREET ADDRESS	3675 WHISPERWOOD CR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, HELEN M	2.2 NAME	
STREET ADDRESS	210 E UNIVERSITY BLVD APT 8	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, JEFFREY R	3.2 NAME	DV Ellison, Jeffrey R.
STREET ADDRESS	823 E MELBOURNE AVE APT B	3.3 STREET ADDRESS	163 Atlantic Ave.
CITY-ST-ZIP	MELBOURNE FL 32901	3.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, WILLIAM	4.2 NAME	
STREET ADDRESS	619 W. ESPANOLA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, DANIEL G.	5.2 NAME	
STREET ADDRESS	736 BALLARD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, JOHN S	6.2 NAME	
STREET ADDRESS	712 JOHN CARROLL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen M. Ellison* **Helen M. Ellison** DATE **1-6-99** 407 724-2256

CR2E037 (1/98)